

FIRST ADMISSIONS TO A PSYCHIATRIC HOSPITAL IN SINGAPORE — A PROSPECTIVE STUDY

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SYNOPSIS

This paper reports a one year study of first admissions to Woodbridge Hospital, the main psychiatric hospital in Singapore. The crude admission rate was found to be 42.5 per 100,000 of the population over the age of 10 years. Male admissions outnumber females by 1.48: 1 and the majority of the admissions fell within the 15-35 years age group. The highest proportion had illnesses of less than one week's duration and functional psychoses, mainly Schizophrenia, accounted for the majority of the diagnoses. The findings are discussed and compared to studies of a similar nature carried out in other countries.

INTRODUCTION

Woodbridge Hospital is the main psychiatric hospital in Singapore. It has 50 wards with 2,300 beds under 3 clinical units, of which 12 wards are acute admission wards. The Hospital admits on the average about 1,000 new cases a year and about 4,000 re-admissions annually.

The object of this study was to investigate the extent and characteristics of patients who were admitted to the Hospital for the first time and to compare it with the findings of other studies of a similar nature carried out in other countries.

The limitations of hospital data as measures of incidence of psychiatric illness are well known. Nevertheless, hospital figures do have value in studies of severe psychiatric illness. For Singapore, the findings will have useful implications for future planning of psychiatric services in the Republic.

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METHOD

All new patients admitted to the adult wards over a one year period from 1.3.82 to 28.2.83 were selected for the study. A questionnaire was designed to gather the data required. The questionnaire was in two parts: the first, concerning personal, social and demographic data was filled by the Medical Social Worker through interviews with relatives or with the patients, and the second, dealing with clinical data, by the doctor in charge of the patients. The completed questionnaires were checked and the information gathered was sorted and tabulated with the aid of a computer.

RESULTS

Over the one year period, 937 patients were registered as new admissions. Of these 46 turned out to be in fact readmissions as they were old cases who were readmitted either as persons with unknown identities or that they denied any history of previous admissions to the Hospital at the time of admission. This left 891 as first admissions, giving a crude admission rate of 42.5 per 100,000 of the population over the age of 10 years. (Singapore's population being about 2.5 million of which 2.0984 million were over the age of 10 years in 1983).

Table 1 shows the distribution of the new admissions by age, sex and ethnic groups. The majority of the patients fell within the 15-35 age groups (69.9%).

TABLE 1: DISTRIBUTION OF NEW ADMISSIONS BY AGE, SEX AND ETHNIC GROUP

Age Group (yrs)	Chinese			Malay			Indian/Pakistani			Others			Total		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
10-14	7	2	9	1	3	4	1	0	1	0	0	0	9	5	14
15-19	77	30	107	16	3	19	18	2	20	5	2	7	116	37	153
20-24	87	47	134	27	3	30	13	3	16	4	6	10	131	59	190
25-29	61	50	111	6	8	14	14	3	17	5	6	11	86	67	153
30-34	37	41	78	8	12	20	13	4	17	5	1	6	63	50	113
35-39	14	27	41	1	1	2	2	7	9	1	0	1	18	35	53
40-44	18	15	33	4	5	9	5	1	6	1	1	2	28	22	50
45-49	15	17	32	2	2	4	2	0	2	1	1	2	20	20	40
50-54	14	16	30	1	2	3	0	0	0	0	0	0	15	18	33
55-59	7	12	19	2	0	2	5	0	5	2	0	2	16	12	28
60-64	5	7	12	0	0	0	2	0	2	0	0	0	7	7	14
> 65	20	26	46	1	1	2	1	0	1	1	0	1	23	27	50
Total	362	290	652	69	32	101	76	20	96	25	17	42	532	359	891

5.6% were over the age of 65. Males outnumber females by 1.48:1. (General population sex ratio M:F = 1.04:1 for persons above the age of 10 years).

The ethnic group distribution of the patients is shown in Table 2. The distribution corresponds more or less to the ethnic composition for the whole of Singapore.

TABLE 2: NEW INPATIENTS BY ETHNIC GROUP

Ethnic Group	Patients		General Population %
	No.	%	
Chinese	652	76.2	76.7
Malays	101	11.3	14.7
Indians/Pakistani	96	10.8	6.4
Others	42	4.7	2.2

MARITAL STATUS

Table 3 shows the distribution of the new admissions by marital status and sex.

62.4% of the new admissions were single. 73.7% of the males were single whereas only 45.7% of the females were not married. Where married patients are concerned, the proportion of married females (40.9%) is much higher than that of married males (21.6%). This interesting observation requires further study.

TABLE 3: NEW INPATIENTS BY MARITAL STATUS & SEX

Marital Status	SEX				TOTAL	
	No.	M %	No.	F %	No.	%
Single	392	73.7	164	45.7	556	62.4
Married	115	21.6	147	40.9	262	29.4
Divorced	7	1.3	8	2.3	15	1.7
Separated	11	2.1	7	1.9	18	2.0
Widowed	7	1.3	31	8.6	38	4.3
Others	0	0	2	0.6	2	0.2
Total	532	100.0	359	100.0	891	100.0

TABLE 4: DISTRIBUTION OF NEW ADMISSIONS BY NATIONALITY AND SEX

Nationality	Male	Female	Total	%
Singapore Citizens	455	307	762	85.5
Singapore Permanent Residents	13	11	24	2.7
Malaysians	28	18	46	5.2
Others	25	19	44	4.9
Not known	11	4	15	1.7
Total	532	359	891	100

NATIONALITY

Table 4 shows the distribution of the new admissions by citizenship status.

Singaporeans formed the obvious majority (85.5%), Malaysians 5.2% and other nationals 4.9%. Thus about 10% of the new admissions were from foreign countries. The majority of the foreign patients were tourists who developed symptoms necessitating emergency admissions to the Hospital.

SOURCES OF REFERRAL

TABLE 5: DISTRIBUTION OF NEW ADMISSIONS BY SOURCE OF REFERRAL

Source of Referral	No	%
Self-referral	73	8.2
Psychiatric Outpatient Clinic	72	8.1
Other Govt Hospitals	331	37.1
Govt OPDs	58	6.5
Pte Practitioner	95	10.7
Singapore Armed Forces	75	8.4
Police	158	17.7
Others	29	3.3
Total	891	100

Table 5 shows the distribution of the new admissions by sources of referral. The majority of admissions were referred from other government hospitals (37.1%) followed by cases brought by the police (17.7%), 10.7% were referred by private practitioners and 8.4% of the cases were doing National Service at the time of their admissions.

LEGAL STATUS OF ADMISSIONS

TABLE 6: DISTRIBUTION OF NEW ADMISSIONS BY LEGAL STATUS AND SEX

Admission Status	Male	Female	Total	%
Informal	302	269	571	64.1
Formal	210	85	295	33.1
Court Order	17	3	20	2.2
Others	3	2	5	0.6
Total	532	359	891	100.0

Patients are admitted to Woodbridge Hospital either informally or formally under the Mental Disorders and Treatment Act. They can also be remanded by the Court either for psychiatric assessment prior to trial or as part of their sentence or disposal after trial.

Table 6 shows that the majority (64.1%) of the new cases were informal admissions. Formal admissions form about one third (33.1%) whereas court orders accounted for 2.2% of the new admissions. The "others" category included admissions for assessment prior to admission to Tampines Home, a home for the mentally retarded situated near Woodbridge Hospital.

MODE OF PRESENTATION

Doctors in charge of patients were asked to indicate the main presenting feature leading to the patients' admissions. The results are tabulated as shown in Table 7.

TABLE 7: DISTRIBUTION OF NEW ADMISSIONS BY MAIN ADMISSION FEATURE

Admission feature	No.	%
Aggressive, disturbed violent behaviour	337	37.8
Abnormal/irrational behaviour	199	22.3
Suicidal	95	10.7
Withdrawn/mute	39	4.4
Wandering/public nuisance	56	6.3
Neurotic/somatic symptoms	23	2.6
Delusions/hallucinations	42	4.7
Depression	21	2.3
Others	79	8.9
Total	891	100

The highest proportion of cases were admitted because of violent, aggressive and disturbed behaviour (37.8%) followed by those displaying abnormal behaviour such as talking and laughing to themselves. (22.3%). Suicidal behaviour led to admission in about 10.7% of the new admissions. Smaller percentages of cases fell within the other categories as listed in the table.

DURATION OF ILLNESS BEFORE ADMISSIONS

The duration of illness before admission to the Hospital was studied. Table 8 shows the distribution of the new admissions by duration of illness prior to admission.

TABLE 8: DISTRIBUTION OF NEW ADMISSIONS BY DURATION OF ILLNESS BEFORE ADMISSION AND ETHNIC GROUP

Duration of illness before admission	Chinese	Malay	Indian/Pakistani	Others	Total	%
Less than 1 week	140	23	26	16	205	23.0
1 week – 1 month	91	13	16	9	129	14.5
1 – 3 months	80	13	7	2	102	11.4
3 – 6 months	41	5	9	1	56	6.3
6 – 12 months	30	10	8	3	51	5.7
1 – 2 years	84	7	12	1	104	11.7
2 – 5 years	59	7	2	4	72	8.1
More than 5 years	114	16	14	5	149	16.7
Not known	13	7	2	1	23	2.6
Total	652	101	96	42	891	100

TABLE 9: DISTRIBUTION OF NEW ADMISSIONS BY PLACE OF FIRST TREATMENT AND ETHNIC GROUPS

Place of first treatment	Chinese	Malay	Indian/Pakistani	Others	Total	%
Nil	347	67	64	25	503	56.5
Other Govt Hospital	21	0	3	1	25	2.8
Govt OPD	9	0	1	0	10	1.1
General Practitioner	35	1	1	0	37	4.2
Private Psychiatrist	52	1	1	3	57	6.4
Traditional healer	56	15	9	1	81	9.1
Chinese physician	3	0	0	0	3	0.3
Psychiatric OPD	92	8	8	5	113	12.7
Woodbridge Hosp OPD	14	0	2	0	16	1.8
Others	18	7	5	5	35	3.9
Not Known	5	2	2	2	11	1.2
Total	652	101	96	42	891	100

23% of the new admissions had illnesses of less than 1 week's duration. This applies to all the ethnic groups. 37.5% of them had illnesses of less than a month's duration and 16.7% were ill for more than 5 years before admission.

PREVIOUS TREATMENT

Previous treatment received by the newly admitted patients was also studied. Table 9 shows the distribution of the new admissions by place of first treatment.

The majority of the new admissions had no previous treatment before admission to Woodbridge Hospital (56.5%). This was true for all the ethnic groups. 14.5% of them had received treatment at one of our psychiatric outpatient clinics including the Woodbridge Outpatient Clinic and 9.1% went to see a traditional healer when they developed their illnesses.

Amongst the Chinese, 8.6% first sought help from a traditional healer and amongst the Malays 14.9%.

10.6% of the new cases were first treated by private doctors including private psychiatrists.

Table 10 shows the distribution of the new admissions by educational level. The highest proportion

amongst them completed primary level education followed by those who passed their secondary level education. A fairly high proportion (17.1%) had no formal education.

Where the language stream of education is concerned (Table 11) the greatest proportion were educated in the English stream, followed by those in the Chinese stream.

OCCUPATION

The occupations of the newly admitted patients were studied. The findings are tabulated as shown in Table 12. The classification used is similar to that used in taking the Singapore census.

The majority of the patients were unemployed (56.4%) at the time of admission. For many of them this was due to the illness they were suffering from.

HOUSING

The types of dwelling units in which the newly admitted patients stayed were looked into. Table 13 shows the distribution of the new admissions by dwelling units.

Table 10: DISTRIBUTION OF NEW ADMISSIONS BY EDUCATION AND SEX

Highest Standard Passed	Male	Female	Total	%
No formal education	60	92	152	17.1
Primary	198	126	324	36.4
Secondary	197	108	305	34.2
Post Secondary	30	13	43	4.8
Tertiary	19	5	24	2.7
Others	21	12	33	3.7
Unknown	7	3	10	1.1
Total	532	359	891	100

TABLE 11: DISTRIBUTION OF NEW ADMISSIONS BY EDUCATIONAL LANGUAGE STREAM

Language Stream	Male	Female	Total	%
Nil	60	92	152	17.1
English	257	131	388	43.5
Chinese	170	113	283	31.8
Malay	17	12	29	3.3
Tamil	13	5	18	2.0
Others	8	3	11	1.2
Unknown	7	3	10	1.1
Total	532	359	891	100

TABLE 12: DISTRIBUTION OF NEW ADMISSIONS BY OCCUPATION AND SEX

Occupation	Male	Female	Total	%
Nil	227	275	502	56.4
Professional & Technical	22	5	27	3.0
Administrative & Managerial	15	4	19	2.2
Clerical	9	17	26	2.9
Sales	32	3	35	3.9
Fishing & Farming	3	0	3	0.3
Service	90	27	117	13.1
Transport	10	0	10	1.1
Production	40	24	64	7.2
Armed Forces	81	0	81	9.1
Not Known	3	4	7	0.8
Total	532	359	891	100

TABLE 13: DISTRIBUTION OF NEW ADMISSIONS BY TYPE OF DWELLING UNIT

Type of Dwelling Unit	Male	Female	Total	%
Detached/Semi-detached bungalow	10	15	25	2.8
Terrace house	12	15	27	3.0
Shop house	20	13	33	3.7
HDB 1 room flat	64	40	104	11.7
HDB 2/3 room flat	208	148	356	39.9
HDB 4/5 room flat	88	53	141	15.8
Other flats	5	9	14	1.6
Attap/zinc roofed house	68	40	108	12.1
Others	48	22	70	7.9
Not known	9	4	13	1.5
Total	532	359	891	100

TABLE 14: DISTRIBUTION OF NEW ADMISSIONS BY POSTAL DISTRICT AND SEX

Postal District	Male	Female	Total
01	8	8	16
02	13	8	21
03	79	40	119
04	13	6	19
05	21	23	44
06	0	0	0
07	17	4	21
08	8	5	13
09	6	0	6
10	17	11	28
11	8	4	12
12	48	41	89
13	17	13	30
14	32	21	53
15	20	20	40
16	56	33	89
17	3	1	4
18	0	3	3
19	23	17	40
20	61	35	96
21	4	5	9
22	19	17	36
23	9	7	16
24	3	5	8
25	9	6	15
26	1	3	4
27	7	2	9
28	3	1	4
Not known	27	20	47
Total	532	359	891

The majority of the patients (67.4%) stayed in Housing and Development Board (HDB) flats. This was an under representation considering that 75% of Singapore's population live in HDB flats. This is an interesting point as it is contrary to expectation that the mentally ill are not well tolerated in high rise living.

POSTAL DISTRICTS

The distribution of new admissions by areas of residence using postal districts is shown in Table 14.

The highest number of patients come from postal district 3, district 20, 12 and 16.

DIAGNOSES

The diagnoses made in respect of the newly admitted patients are shown in Table 15. The classification used is that listed in the W.H.O. International Classification of Diseases (Chapter V of the ICD — 9).

The majority of the patients suffered from Schizophrenia (54.1%). Altogether the functional psychoses (schizophrenia, affective psychoses, paranoid states and other non-organic psychoses) accounted for 64.2% of the new admissions and organic psychoses for 8.7% of them. Neurotic disorders were diagnosed in 5.4% and acute reactions to stress in 5.8% of the cases. Drug abuse including alcohol abuse were found in 4.6%.

Where ethnic groups were concerned, Schizophrenia was the major diagnosis in all the groups. The Indian/Pakistani group had a higher proportion (7.3% amongst them) suffering from the affective psychosis compared to the Chinese and the Malay groups (4.8% and 4.5% respectively) whereas the latter two groups had a higher proportion amongst their own groups suffering from Schizophrenia (54.7%, 56.4% for Chinese and Malays and 36.5% for Indians/Pakistanis).

The Indian/Pakistani group also showed a higher proportion amongst their own group (8.3%) to be suffering from alcohol dependence compared to the other two major ethnic groups (1.2% amongst the Chinese and 0% amongst the Malays). There may be a cultural basis for this difference.

When the age group distribution of the various illnesses was studied it was found that the majority of the Schizophrenic patients were below the age of 40 years, whereas with regards to the organic psychoses,

TABLE 15: DISTRIBUTION OF NEW ADMISSIONS BY DIAGNOSES AND ETHNIC GROUP

ICD 9 Code	Diagnosis	Chinese	Malay	Indian/ Pakistani	Others	Total	%
000	No Mental Illness	8	3	1	0	12	1.4
290	Senile & Presenile Organic Psychoses	22	2	0	0	24	2.7
291	Alcoholic Psychoses	3	1	0	1	5	0.6
292	Drug Psychoses	0	2	2	1	5	0.6
293	Transient Organic Psychotic Conditions	18	3	4	3	28	3.1
294	Other Organic Psychoses	9	1	3	2	15	1.7
295	Schizophrenia	374	57	35	16	482	54.1
296	Affective Psychoses	31	5	7	4	47	5.3
297	Paranoid States	21	0	3	1	25	2.8
298	Other non-organic psychoses	8	6	3	1	18	2.0
300	Neurotic Disorders	37	2	6	3	48	5.4
301	Personality Disorders	16	6	5	1	28	3.1
302	Sexual Disorders	2	3	0	0	5	0.6
303	Alcohol Dependence	8	0	8	1	17	1.9
304	Drug Dependence	2	1	0	0	3	0.3
305	Non-dependent abuse of drugs	6	1	4	0	11	1.2
307	Special Symptoms	2	0	0	0	2	0.2
308	Acute Reaction to Stress	39	2	7	4	52	5.8
309	Adjustment Reaction	2	0	2	0	4	0.5
310	Post concussional syndrome	2	0	0	0	2	0.2
317- 319	Mental Retardation	42	6	6	4	58	6.5
	Total	652	101	96	42	891	100

the majority were above the age of 40 (Table 16). Neurotic disorders were found mainly in the younger age groups (below 40 years). So were the acute reactions to stress. Of the latter group (n = 48), 22 were National Servicemen.

The 12 who were found to have no evidence of mental illness were mainly those who were remanded by the Court for psychiatric assessment prior to trial.

NATIONAL SERVICEMEN

Table 17 shows the distribution by diagnoses of the new admissions who were national servicemen (n = 93).

Of the 93 new inpatients who were National Servicemen, 33 suffered from Schizophrenia and 22 from acute reactions to stress.

FAMILY HISTORY

When the family history with regards to mental illness as looked into, 198 out of the 891 new inpatients or 22% reported a positive family history of mental illness. Of these the majority found were in

families of Schizophrenic patients. Amongst all the Schizophrenic patients, 128 out of 347 i.e. 36.8% had a positive family history of mental illness. Thus about 1/3 of Schizophrenic patients would be expected to have a positive history of psychiatric illness.

DISCUSSION

Mental hospitals are generally not popular places where people seek treatment because of the strong stigma involved. Patients who do get admitted are usually those who suffer from the more severe forms of psychiatric illnesses. Hospital statistics are thus valuable in the study of severe psychiatric morbidity.

The majority of the new admissions were males, forming 59.7% of the new patients. The preponderance of males was also reported in mental hospitals in Malaya by Tan (3), in Pakistan by Chowdhry (4) and in Mysore by Hoenig et al (5). This is in contrast to studies in UK which found a higher female to male ratio (6).

Most of the new admissions had illnesses of less than a week's duration and this group is represented by the acutely disturbed or suicidal ones. A fairly high proportion (24.8%) had illnesses of more than 2 years'

TABLE 16: DISTRIBUTION OF NEW ADMISSIONS BY AGE GROUP

ICD 9 Code	Diagnosis	11-19	20-29	30-39	40-49	50-59	60-69	Over 70	Age Not Known	Total
000	No Mental Illness	2	4	3	2	0	0	1	0	12
290	Senile & Presenile Organic Psychoses	0	0	0	0	6	2	16	0	24
291	Alcoholic Psychoses	0	1	1	2	1	0	0	0	5
292	Drug Psychoses	2	2	1	0	0	0	0	0	5
293	Transient Organic Psychotic Conditions	1	10	4	5	2	3	3	0	28
294	Other organic psychoses	2	2	2	0	7	1	1	0	15
295	Schizophrenia	80	219	98	66	27	7	2	3	482
296	Affective Psychoses	4	12	7	13	4	3	4	0	47
297	Paranoid States	0	6	1	3	4	2	9	0	25
298	Other non-organic psychoses	7	4	3	1	1	0	2	0	18
300	Neurotic Disorders	12	12	13	4	4	3	0	0	48
301	Personality Disorders	6	16	4	2	0	0	0	0	28
302	Sexual Disorders	1	4	0	0	0	0	0	0	5
303	Alcoholic Dependence	0	3	5	4	4	1	0	0	17
304	Drug Dependence	0	3	0	0	0	0	0	0	3
305	Non-dependent abuse of drugs	2	3	4	2	0	0	0	0	11
307	Special Symptoms	0	1	0	1	0	0	0	0	2
308	Acute Reaction to Stress	19	22	9	2	0	0	0	0	52
309	Adjustment Reaction	2	1	0	1	0	0	0	0	4
310	Post concussional syndrome	1	1	0	0	0	0	0	0	2
317-319	Mental Retardation	26	17	11	2	1	0	0	1	58
	Total	167	343	166	90	61	22	27	4	891

duration and 16.7% more than 5 years. There should be greater awareness by the public of the need for early medical treatment and this can be achieved in one way by more health education of the public with regard to mental illness.

The majority (56.5%) of the patients had had no previous treatment prior to admission. Though cultural beliefs are still strong in our Republic it is surprising that only 9% reported treatment by traditional healers in the first instance. This is very low compared to a study by Tan, Chee and Long in 1979 (9) who found that about 51% of first admissions had at some time consulted traditional healers prior to admission. However, the two figures are really not comparable as the figure in the present study represented those who sought traditional help in the first instance when they developed their illnesses.

Schizophrenia formed the majority of the diagnoses made on the new cases (54.1%). This finding is similar to that reported in the studies already quoted above (3, 4, 5) but in contrast to reports from the United Kingdom which had a larger proportion of cases with affective psychoses, dementia, neuroses and other non-psychotic conditions (7).

Compared to a study of newly admitted Schizophrenic patients which included the paranoid states

by Tsoi and Chen in 1975 (8), the present study's finding of 56.9% for Schizophrenia and the paranoid states is lower than that of the 1975 study which was 61.8%. This difference could be due to the diagnostic habit of the present group of doctors in Woodbridge Hospital, more of whom are psychiatrically trained, and therefore more critical in their diagnosis of Schizophrenia. Alternatively it could represent an actual decline in the incidence of Schizophrenia over the years. Another possible reason could be that a number were treated by private psychiatrists in private hospitals. This observation requires further study.

Where affective psychoses are concerned the present finding of 5.3% is higher than the 2.5% reported in the 1975 study by Tsoi and Chen. This could be the result of more of such cases being recognized by the attending doctors.

The figures for organic psychoses are comparable in the two studies (8.7% and 8.4% respectively).

Compared to the findings of a community survey conducted 1978 the figure for functional psychotic illness is much higher in the present study (3.7 per 1000 in the community survey). This is to be expected as hospital admissions represent the more severe psychiatric illnesses.

TABLE 17: DISTRIBUTION BY DIAGNOSES AND ETHNIC GROUP
(NATIONAL SERVICEMEN ONLY)

ICD 9 Code	Diagnosis	Chinese	Malay	Indian/ Pakistani	Others	Total
000	No mental illness	1	0	0	0	1
292	Drug Psychoses	0	1	0	0	1
293	Transient organic psychotic conditions	1	0	0	0	1
295	Schizophrenia	28	3	2	0	33
296	Affective Psychosis	1	0	1	0	2
297	Paranoid States	1	0	1	0	2
300	Neurotic Disorders	11	1	2	0	14
301	Personality Disorders	4	3	1	1	9
302	Sexual Disorders	1	0	0	0	1
303	Alcohol Dependence	1	0	1	0	2
305	Non-dependent abuse drugs	1	0	0	0	1
308	Acute reaction to stress	15	1	5	1	22
310	Post concussional syndrome	1	0	0	0	1
317-319	Mental Retardation	2	0	0	0	2
	Total	68	9	14	2	93

Mental retardation formed about 6.5% of the new admissions. Most of them were admitted because of problematic behavioural problems. A fairly high proportion of them had family rejection and their disposal is a problem as there are no proper facilities in the community for adult mental handicapped patients in Singapore. The setting up of a special unit for their care should be looked into.

In the distribution of the new cases by postal districts, the highest numbers came from postal districts 3, 20, 12 and 16. If this reflects a true incidence of severe psychiatric morbidity in the community, then this observation should be taken into account in the future planning of psychiatric outpatient services.

Although the main value of hospital statistics would be administrative, in connection with planning the future needs of the mentally ill, they are also useful in studying trends in the characteristics of patients admitted to mental hospitals. Factors that govern the admission of patients to psychiatric hospitals are both complex and varied, and these would include factors like attitudes of the community to admission, hospital policy, demands of the mentally ill, their behaviour, therapeutic advances and their availability, the state of the law, etc. It can be said that admission would be the end result of a combination of these factors.

With the increasing use of computerization, such as studies can be carried out more easily. It should be done annually or at least periodically to study the changing trends of admission patterns in mental hospitals.

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